

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022869

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. 119

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Schuyler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Greentop</b>		c. CITY OR TOWN <b>Kirkville</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Haven of Rest Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>412 W. Buchanan</b>	
3. NAME OF DECEASED (Type or print) <b>FLORENCE FILKINS</b>		4. DATE OF DEATH <b>June 3 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARITAL STATUS <b>Widowed</b>	8. DATE OF BIRTH <b>10/14/92</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own Home</b>	11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>
13a. FATHER'S NAME <b>G. W. Inbody</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Ann McKim</b>	14. NAME OF HUSBAND OR WIFE <b>Rollie R. Filkins</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>One day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Pneumonia</b>		<b>3 days</b>	
DUE TO (c) <b>Congestive Heart Failure</b>		<b>3 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parkinson's Disease</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Queen City Mo.</b>	
20g. COUNTY <b>Adair County, Mo.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>9/25/62</b> to <b>6/3/63</b> and last saw her alive on <b>6/12/63</b>		Death occurred at <b>9:15 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Edward M. Roberts M.D.</b>		22b. ADDRESS <b>Queen City Mo.</b>	
22c. DATE SIGNED <b>6/5/63</b>		22d. ADDRESS <b>Queen City Mo.</b>	
23a. BURIAL OR CREMATION <b>Burial</b>	23b. DATE <b>6/5/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazel Creek</b>	23d. LOCATION (City, town, or county) <b>Adair County, Mo.</b>
24. FUNERAL DIRECTOR <b>Foster Memorial Home, Kirksville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 5, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Florence Shepherd</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Nova E. Foster*  
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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*Permit obtained June 5, 1963*